

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10681322</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2		1					52					
3		1					53					
4							54					
5		1					55					
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47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	21						Total Depend					
Total Claims	24						Total Claims					

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